

IRO REVIEWER REPORT TEMPLATE -WC

ReviewTex. Inc.
1818 Mountjoy Drive
San Antonio, TX 78232
(phone) 210-598-9381 (fax) 210-598-9382
reviewtex@hotmail.com

Notice of Independent Review Decision

Date notice sent to all parties:

December 23, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left total knee arthroplasty

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his left knee after work related injuries in xxxx when he twisted the knee and felt a pop. The procedure note dated 10/22/12 revealed moderate degenerative procedure note revealed this was an x-ray of the left knee dated 10/22/02 revealed moderate degenerative arthropathy at the left knee with evidence of prior ACL repair. A clinical note dated 08/21/13 indicated the patient describing hyperextension injury with resultant ACL repair. The patient had two screws placed. However, in xxxx the patient stated he had fallen on some ice resulting in second ACL reconstruction. Two arthroscopies were

completed in xxxx. The patient complained of ongoing left knee pain. A clinical note dated 10/24/13 indicated the patient presenting with obese body type. The patient demonstrated abnormal gait. Upon exam, tenderness was identified at the calf. Mild effusion was identified over the lateral aspect of the left knee. Positive valgus test was identified. Crepitation was identified with flexion/extension over the lateral aspect. The clinical note dated 03/04/14 indicated the patient undergoing physical therapy with round of Synvisc injections. The patient reported pain at the posterior and anterior regions of the knee. The patient also reported a popping, grinding, and swelling. The patient demonstrated -8-90 degrees of range of motion at the left knee. 1+ effusion was revealed. Severe arthrosis was identified at the left knee by radiographs. A clinical note dated 07/23/14 indicated the patient continuing with increasing levels of left knee pain with decreasing tones of activities. The patient gained significant amounts of weight. The patient utilized ibuprofen and Norco for pain relief. There was an indication the patient was BMI currently 45.9. Utilization reviews dated 08/27/14 and 10/01/14 resulted in denials as BMI exceeded recommendations of 35.0.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient complained of ongoing left knee pain with associated range of motion deficits. A knee arthroplasty is indicated for patients whose BMI is under 40.0. The clinical notes indicate the patient is currently with BMI of greater than 45.9. Given that previous studies have indicated that an excessive BMI poses an elevated risk for post-operative complications this request is not fully indicated as medically necessary. Therefore, it is the opinion of this reviewer that the request is not recommended as medically necessary.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Knee joint replacement

ODG Indications for Surgery -- Knee arthroplasty:

Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.):

- 1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises). AND Medications. (unless contraindicated: NSAIDs OR Visco supplementation injections OR Steroid injection). PLUS**
- 2. Subjective Clinical Findings: Limited range of motion (<90° for TKR). AND Nighttime joint pain. AND No pain relief with conservative care (as above) AND Documentation of current functional limitations demonstrating necessity of intervention. PLUS**
- 3. Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 40, where increased BMI poses elevated risks for post-op complications. PLUS**
- 4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength). OR Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). (Washington, 2003) (Sheng, 2004) (Saleh, 2002) (Callahan, 1995)**

For average hospital LOS if criteria are met, see Hospital length of stay (LOS). See also Skilled nursing facility LOS (SNF)